U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01 / 01 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Luici MA2251	Name TEAMSTON LOCK 784		
	Labor Organization File Number 004-9/3		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 803 SKYLINE DRIVE	Street 300 S ASHLAND AVE 50)		
City BARRINGTON	City CHICAGO		
State	State #LC ZIP Code + 4 60607		
5. Position in labor organization.			
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
Olice: Landing to the state of			
City	The second section of the section of the second section of the section of the second section of the section of the second section of the section of the second section of the second section of the second section of the second section of the secti		
State ZIP Code + 4			
Signa			
15. Signature and verification. The undersigned declares, under penalty of I submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	ing documents), has been examined by the signatory and is, to the best of the		
Signed Sur Maria	On 8-12-05 (773) 491-2350		

Telephone Number

Name of Person Filing Luici P Mazzei	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Kocare 786 Building Matterine Working Kind Trade Name, if any: P.O. Box, Bldg., Room No., if any	TRUSTON OF WORDING FUND	
Street 300 5 MS4cAND AVE SUITE 500		
City Cx,cx.o	11.b. Approximate dollar value of such dealing.	
State 2 ZIP Code + 4 60607	12.a. Nature of interest held or income received. 2009 Arnume Conf.	
	UPDATE & MAINTHIN OBJECTION FOR FISH CIMY DUTIES OF FUND	
	12.b. Amount. \$ 1516.60	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any). Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Lungs Pr Marson	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name LOCAL 786 BUILDING MATERIAL ASSIST FUND	TRUSTON OF POWS.	Ev.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 300 S AsiteAND AND SOUTE 500	11.b. Approximate dollar value of such dealing.	
City ChicADD 672	12.a. Nature of interest held or income received.	
State ZIP Code + 4 6 6 6 0 7	2004 ANNUAL CONF UPDATE & MAINTAIN FOR FIGURINAL DURIST	ENUCATION OF FUND
	12.b. Amount.	\$ 1516.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		Angelija komenija projektorija. Krancelija projektorija projektorija projektorija.
Trade Name, if any:		Constitution of the Consti
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Luici P. MAZZEI	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Locae 28L Lumber Wetcare Gives Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. TRUSTEE OF WELFING	F KWO
Street SOO S ASHLAND AND SUITE SOO	11.b. Approximate dollar value of such dealing.	
State D ZIP Code +4 606.07	12.a. Nature of interest held or income received. 2005 ANNUM. EDUCATIONAL CONF.	REGISTRATION
State TIC ZIP Code + 4 60G 27 C. Received from any employer (other than an employer covered under	Jogs ANNVAL EDUCATIONAL CONF. 12.b. Amount.	Registranos
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	Jogs ANNAN COWE. EDUCATIONAL COWE. 12.b. Amount. T parts A and B above) or other thing of value.	
State TIC ZIP Code + 4 60G 27 C. Received from any employer (other than an employer covered under	Jogs ANNVAL EDUCATIONAL CONF. 12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	Jogs ANNAN COWE. EDUCATIONAL COWE. 12.b. Amount. T parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Jogs ANNAN COWE. EDUCATIONAL COWE. 12.b. Amount. T parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	Jogs ANNAN COWE. EDUCATIONAL COWE. 12.b. Amount. T parts A and B above) or other thing of value.	

Name of Person Filing Luisi P. Mazze,	File Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	, promote the second se	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	G. Empoyor	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Locar 786 Lumber Powsiew Fung	TRUSTOR OF POWSION FUND	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 300 S ASHLAWA AUG SUITE SO	11.b. Approximate dollar value of such dealing.	
City CHICHOD	12.a. Nature of interest held or income received.	
State 22 ZIP Code + 4 60607	2005 ANNUME	
	EDUCATIONAL CONF. REGISTENTION	
	12.b. Amount. \$ 6.55 \(\frac{1}{2}\)	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Lung P MAZZET		File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	s
8. Name and address of Business (including trade name, if any). Name LEGACY PROFESSIONAL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 30 N Lasace ST Suite 4200 City Cucaso State 70 ZIP Code +4 60602	9. Business deals with: a. Labor Organiza b. Trust c. Employer	fion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	UNION HYW / Powson Fing 11.b. Approximate dollar valu 12.a. Nature of interest held CUSS TICKERS	and the state of t
	12.b. Amount.	\$233.62
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City		
State ZIP Code + 4		
	14.b. Amount of payment.	

13.b. Is the Business an Employer

or Consultant

Name of Person Filing Luici P. MAZZEI	File	le Number U-
B. Held an interest in or derived income or economic benefit with monetary vasusstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name LEANY CL ASSOCIATES Trade Name, if any: P.O. Box, Bidg., Room No., if any Street THREE WEST-BROOK CAPORATE CONTOR SUITE 540 City WEST-CHESTER State ZL ZIP Code + 4 60154	9. Business deals with: 2 a. Labor Organization 5 b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	The state of the s
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	INSURANCE UNION: 12, HOW/PONSION FUNES: 8	,442.00 57,5600
Street Established Additional Additional Street Established Baseline Baseline Street Established Baseline Street B	11.b. Approximate dollar value of	such dealing. \$ 870,00 2 .02
City	12.a. Nature of interest held or i	2
State ZIP Code + 4	PALM REST (LASVE	Discussion ==
	12.b. Amount.	\$213.99
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	igalis, a quantum anno anno anno anno anno anno anno ann
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filling W161 P MAZZOT	F	ile Number U-	
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8. Name and address of Business (including trade name, if any). Name La Sacca Baull Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 135 S. La Sacce ST Socre 1827 City Chicard State Ezc ZIP Code + 4 60603	9. Business deals with:		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	CHOCKINL AC	COUNT & ENVESTMENT	
Souther and contract and contra	11.b. Approximate dollar value o	f such dealing. 3 0 0 7/. 30	
City Management of the	12.a. Nature of interest held or	income received.	
State ZIP Code + 4	ARLINGTON RAC	France Overnor	
	12.b. Amount.	100 mg 65T	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		